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BOX PATENT APPLICATION
ASSISTANT COMMISSIONER FOR PATENTS
Washington, D. C. 20231

Atty. Docket No. A-2-2

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By: John T. Raffle

Transmitted herewith for filing under 37 CFR §1.53(b) is the
☐ patent application, ☐ continuation patent application,
☒ divisional patent application, or ☐ continuation-in-part patent application of

Inventor(s)/Applicant Identifier: **PHILIP E. EGGERS and HIRA V. THAPLIYAL**

For: **SYSTEMS AND METHODS FOR ELECTROSURGICAL TISSUE TREATMENT IN CONDUCTIVE FLUID**

- ☒ This application claims priority from each of the following Application Nos./filing dates:
08/795,686 / February 5, 1997; 08/561,958 / November 22, 1995; 08/485,219 / June 7, 1995; 08/059,681 / May 10, 1993; 07/938,977 /
October 9, 1992; 07/817,575 / January 7, 1992 the disclosure(s) of which is (are) incorporated by reference.
- ☒ Please amend this application by adding the following before the first sentence: This application is a [] continuation [X] division of and
claims the benefit of U.S. Application No. 08/795,686, filed February 5, 1997 the disclosure of which is incorporated by reference.

Enclosed are:

- ☒ 17 sheet(s) of ☐ formal ☒ informal drawing(s); specification including description, claims and abstract; ☒ title page.
☒ A copy of the assignment of the invention to ArthroCare Corporation.
☒ A copy of the ☒ signed ☐ unsigned Declaration.
☒ A copy of the Power of Attorney by Assignee.
☒ A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27 ☐ is enclosed ☒ was filed in the prior application
but is no longer proper.
☐ A certified copy of a _____ application.
☒ Information Disclosure Statement under 37 CFR 1.97.
☒ Preliminary Amendment
☒ Notification of change of ☐ power of attorney ☒ correspondence address filed in prior application.
☒ Please cancel claim(s) 1-79.

	(Col. 1)	(Col. 2)
FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	58 -20=	* 38
INDEP CLAIMS	3 -3=	* 0
[] MULTIPLE DEPENDENT CLAIM PRESENTED		

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
RATE	FEE		RATE	FEE
	\$395	OR		\$790
x11=	\$	OR	x22=	\$836
x41=	\$	OR	x82=	\$
+130=	\$	OR	+260=	\$
TOTAL	\$	OR	TOTAL	\$1626

* If the difference in Col. 1 is less than zero, enter "0" in Col. 2

Please charge Deposit Account No. 50-0359 as follows:

- ☒ Filing fee
☒ Any additional fees associated with this paper or during the pendency of this application
☐ The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

\$ 1626.00

☐ A check for \$ _____ is enclosed.
1 extra copies of this sheet are enclosed.

Respectfully submitted,
ARTHROCARE CORPORATION

John T. Raffle, Reg. No.: 38,585